

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Legisla	tive Solutions, L	1.0			
	rtnership, firm or co				
P.O. Box	10724	Bedford		NH	03110
Business Address: (Street)	10,21	(Town/City)		(State)	(Zip Code)
) 603-860-3682	()		e.ma	ı senclegg	@aol.com
(Telephone)	()	(Fax)	C-IIIa	11 001101088	
III. This statement covers: reportable expense transac All reportable transaction	tions which are n	ot attributable to	o any one client)	•	
	American Civi	I Liberties Unio	n of New Hamp	shire	
	Name of Client as it	appears on the Lol	byist Registration	Form)	
OR All reportable transaction in related to any particular cl		including the lobb	oyist's family), or	the lobbying	ng firm listed below which a
	il 25, 2018 🛱 a date of registration	n to 3/31/18	July 25, activity from 4/1	2018 🗌	8
	ober 31, 2018)/18	January : activity from 16	30, 2019 🗌 V1/18 to 12/3	1/18
V. There have been no fe f this box is checked, comple Concord, NH 03301.					
/I. Check if additional rep	orts are attached:	:			
If you have received fees	or made expendit	tures, you must fi	le Addendum A	– Fees and I	Expenses
If you have paid an hono xpense Reimbursement	rarium or reimbur	sed expenses, you	ı must file Adde ı	ndum B – R	eport of Honorariums or
If you, your firm, or you	family has made	political contribu	tions, you must f	ile Addend	um C– Political Contribution
Sworn Statement/Affirmation in the statement of the best of many complete to the best of many the statement of the best of many the statement of the best of many the statement of the best of the best of the best of the statement of the statemen	-B, RSA 14-C and		reby swear or aff	irm that the	foregoing information is tr
1 My TC Cly	/		April 9,		
(Signature of lobbyist)				(Da	ate)
Robert Clegg					

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	as, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client American Civil Liberties Union of New Hampshire	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 12,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ 12,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (a) that is given to the person d with a value of \$25.00 or less); and tring period of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported. 	a) \$ 12,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>12,000.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>12,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
·	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
$//l_{\alpha}l_{\alpha}$	
John Ellery	April 9, 2018
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn State	ment/Affirm	ation by	Lobbyist
Statement of	f Income and	Expense	s for:

Name of Lobbying part	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to a
particular client): American Civil Liberties Union of New Hampshire			
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
	ums submitted with th		nd Expenses described above, a umber of Addendum forms bei
Addendum B(s	3).		
Addendum C(s	3).		
complete to the best of	•	lief.	nt and each Addendum is true a
(Signature of lobbyist)			(Date)
Debra Vanderbeek (Print Name of lobbyis	t)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ĭrma	tion	by	Lobby	'ist
Statem	ent of	Income	and	Expe	ense	es for:	

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	American Civil	Liberties Union of New Ha	mpshire	
Date of Report (check	one):			
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
,				
			d Expenses described above, umber of Addendum forms be	
Addendum A(s).			
Addendum B(s).			
Addendum C(s	s).			
	m that the foregoing in my knowledge and be	lief.	nt and each Addendum is true 9, 2018	and
(Signature of lobbyist)	<i>></i>		(Date)	
Periklis Karoutas				
(Print Name of Johnvis	ot)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any	
articular client): American Civil Liberties Union of New Hampshire				
Date of Report (check o	one):			
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
	ms submitted with tha		nd Expenses described above, and umber of Addendum forms being	
Addendum B(s)	ı .			
Addendum C(s)				
I hereby swear or affirm complete to the best of a light of the light		ef.	nt and each Addendum is true and 9, 2018 (Date)	
(1.8			(=)	
Leann Moccia				
(Print Name of Johnvist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobby	ying partnership, firm, or corporation:	Legislative Solutions, L.L.C.	
Name of Clien	t (leave blank if Statement is for the p	artnership, firm, or corporation and not related to any	
particular clien	client): American Civil Liberties Union of New Hampshire		
Date of Report	(check one):		
April 25, 2018	July 25, 2018 🗆 Octo	ober 31, 2018 □ January 30, 2019 □	
	/		
		ement of Income and Expenses described above, and ement (insert the number of Addendum forms being	
Adden	dum A(s).		
Adden	dum B(s).		
Adden	dum C(s).		
	or affirm that the foregoing informate best of my knowledge and belief.	ion on the Statement and each Addendum is true and April 9, 2018	
(Signature of lo	obbyist)	(Date)	
Chris Herr (Print Name of	`lobbyist)		